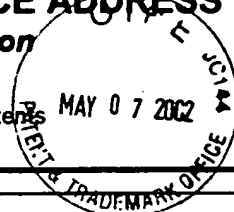


CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231



Application Number	09/644,923
Filing Date	8/23/2000
First Named Inventor	Burkett
Art Unit	
Examiner Name	
Attorney Docket Number	RIV6172P0010US

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number Type Customer Number here

OR

Place Customer
Number Bar Code
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<input checked="" type="checkbox"/> Firm or Individual Name	Polit & Associates, LLC			MAY 15 2002	
Address	3333 Warrenville Road				
Address	Suite 520				
City	Lisle	State	IL	ZIP	60532
Country	US				
Telephone	630-505-1460	Fax	630-505-1464		

GROUP 3600

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

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TC 1700

Typed or Printed
Name

Randall T. Erickson

Reg. No. 33,872

Signature

Randall T. Erickson

Date

9/25/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.